



Department of Parks

Adam J. Bello
County Executive

Patrick A. Meredith
Director of Parks

CHECKLIST OF INSURANCE DOCUMENTS AND AMOUNTS REQUIRED BY MONROE COUNTY

HELPFUL HINTS ARE IN RED

CONTACT YOUR INSURANCE COMPANY FOR ANY QUESTIONS OR TO OBTAIN DOCUMENTS #1-3

1. **ACORD CERTIFICATE OF INSURANCE (COI)** to meet these requirements:
 - a. **GENERAL LIABILITY INSURANCE LIMITS:**
 - i. \$1 million each occurrence AND
 - ii. \$3 million general aggregate (OR lower general aggregate PLUS Excess or Umbrella Liability coverage in an amount to provide \$3 million total)
 - b. **COMMERCIAL AUTOMOBILE INSURANCE LIABILITY LIMITS:**
 - i. \$1 million combined single limit
 - **Company Vehicles**
 - ALL Special Use applicants and Tent & Inflatable providers using “company vehicles” (i.e. owned and operated by the owner, organizer, promoter, or vendor) for any purpose, at the Park, must provide compliant commercial auto liability insurance.
 - **Personal Vehicles**
 - Special Use applicants using only personal vehicles need not submit auto insurance, unless said vehicles are “actively involved” in the event (i.e. as a pace car, shuttle, display, directly participating, etc.). If personal vehicles are actively involved, please send copy of your personal auto insurance card.
 - Tent & Inflatable providers using only personal vehicles, please send copy of your personal auto insurance card.
 - c. **DESCRIPTION OF OPERATIONS BOX:**
 - i. Must state: “Monroe County is additional insured for” all relevant policies (and/or have all relevant “Addl Insr” columns checked).
 - d. **CERTIFICATE HOLDER BOX:**
 - i. Must list us as: “Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.”
 2. **ADDITIONAL INSURED ENDORSEMENT FORM** for general liability policy:
 - a. Must list us as: “Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.” and/or have the policy number listed on the document.
 3. **ADDITIONAL INSURED ENDORSEMENT FORM** for automobile liability policy ([See 1b above](#))
 - a. Must list us as: “Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.” and/or have the policy number listed on the document.
- CONTACT THE STATE OF NY at www.wcb.ny.gov FOR ANY QUESTIONS OR TO OBTAIN DOCUMENTS #4-5**
4. **WORKERS COMPENSATION INSURANCE:** Please send in one of the following forms (obtain from www.wcb.ny.gov)
 - a. Must list us as: Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.
 - i. C105.2 (or U-26.3)
 - ii. SI-12 (or GSI 105.2)
 - iii. CE- 200- **Submit this if you are exempt from needing Workers Compensation Insurance.**
 - Only the above forms will be accepted.
 - ACORD COI alone cannot be accepted as proof of Workers Compensation Insurance.
 5. **DISABILITY INSURANCE:** Please send in one of the following forms (obtain from www.wcb.ny.gov)
 - a. Must list us as: Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.
 - i. DB-120.1
 - ii. DB-155
 - iii. CE- 200 -**Submit this if you are exempt from needing Disability Insurance.**
 - Only the above forms will be accepted.
 - ACORD COI alone cannot be accepted as proof of Disability Insurance.

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